## **EXHIBIT A-2**

## **Statement of Work Template**

Original	$\boxtimes$	Amended	
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## STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Mental Health AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

3/19/2021

Denise Jones State of MS, Department of Mental Health Jackson, MS 39213

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number:
 IT Contingent Worker Name:
 Vendor Name:
 Position Title:
 82557
 Debi Shafer
 Xpio Health
 CRM Developer

Regular Hourly Bill Rate: 150.00
 OT Hourly Bill Rate (if applicable): 150.00
 Original Number of Hours to be worked: 2080

Amendment 1: Number of hours to be worked:
 Amendment 2: Number of hours to be worked:
 Amendment 3: Number of hours to be worked:
 Click or tap here to enter text.
 Click or tap here to enter text.

• Original Total Cost of SOW: (Not to exceed) 312,000

Amendment 1: Total Cost of SOW: (Not to exceed)
 Amendment 2: Total Cost of SOW: (Not to exceed)
 Amendment 3: Total Cost of SOW: (Not to exceed)
 Click or tap here to enter text.
 Click or tap here to enter text.

Start Date of Service: 4/1/2021
 Original End Date of Service: 4/1/2022

Amendment 1: End Date of Service: Click or tap to enter a date.
 Amendment 2: End Date of Service: Click or tap to enter a date.
 Amendment 3: End Date of Service: Click or tap to enter a date.

• Work Location: Jackson, MS 39213

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Department of	GuideSoft Inc., d/b/a Knowledge Services	
Mental Health  DocuSigned by:		
Click or tap here to Betast Jones	Hailey petty	
Authorized Signature EF7E48E9B87445E	Authorized Signature	
Click or tap hereenisetenest.	Hailey Petty	
Printed Name	Printed Name	
Click or tabiletrandonmation(Officer	Program Manager	
Title	Title	
Click or tap t3 476 47 27 date.	3/19/2021	
Date	Date	